

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968842	(X3) DATE SURVEY COMPLETED R 01/11/2018
NAME OF PROVIDER OR SUPPLIER CAIRN PARK 2	STREET ADDRESS, CITY, STATE, ZIP CODE 2710 VIA SANTA CROCE CT FORT MYERS, FL 33905	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit survey was conducted on _____ at Cairn Park 2, an assisted living facility (license #12694) in Fort Myers, Florida.
This was a third follow-up to the relicensure survey completed on _____.

The following is a description of the deficiencies found at the time of the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation and staff interview, the facility failed to have statements for assistance with self administration of medications for 2 (Resident #5 and #6) of 2 residents sampled.

The findings included:

On _____ observation showed 2 residents living in the facility.

On _____ there were no resident records observed in the facility.

On _____ at 9:05 a.m. Resident Assistant Staff B said she does not have the records for Residents #5 and #6.

The health assessments were not available to ensure Resident Assistant Staff B was providing Residents #5 and #6 the correct assistance for their medications.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation and staff interviews, the facility failed to appoint, in writing, the manager for this facility.

The findings included:

During an interview on _____ at 9:24 a.m. the Executive Director said Staff E is the manager for Cairn Park 2 and she is was not available for this survey.

An observation throughout the facility showed there was no posting of Staff E being the manager of this facility. On _____ at 9:30 a.m., Resident Assistant Staff B confirmed Staff E is the manager. She

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

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looked through the home and garage of the facility and was not able to find anything is writing appointing Staff E as the manager of this facility. Class III		